Insights and Outcomes from the My Home Life England Professional Support and Development Programme

– An Executive Summary

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My Home Life England has a 17-year history of working alongside care leaders to support quality of life in their services. This includes the delivery of Professional Support and Development programmes.

This executive summary summarises a thematic analysis of end-of-programme reports from **19 My Home Life England (MHLE) programmes** delivered between **May 1st 2022 to April 30th 2023.** 16 of the 19 studied programmes followed the standard My Home Life England Professional Support and Development (PSDP) 9 month programme; typically consisting of 3 workshop days, 7 group coaching sessions and a completion day. These were delivered in Knowsley, Shropshire, Telford and Wrekin, Essex, Norfolk, Suffolk, Sefton, and North East and South London. **158 care leaders** completed their PSDP; a completion rate of 75%.

The other three analysed programmes reached an additional **58 care leaders.** These had slightly different approaches (including a focus on CPD and integrated care), but all My Home Life England programmes are underpinned by the My Home Life evidence-based frameworks.

Participants across the 19 programmes came from a range of ethnic backgrounds and levels of care experience. Their length of service varied, as did the size and type of care service they represented. The thematic analysis included qualitative reports of these programmes and quantitative analysis of the evaluative outcomes from the endings surveys completed by PSDP programme participants*.

In total **216 care leaders** completed a MHLE programme or course between May 1st 2022 to April 30th 2023. The analysis reveals the impact that participation in My Home Life England programmes had on individuals, and the range of challenges facing care leaders.

*Quantitative data reported here relates to a post-programme online survey. It was provided by between 98 and 102 participants.

Leadership and managing teams

"I now have stronger relationships with staff and more understanding."

Effective management was an ongoing challenge reported by MHLE programme participants. Care leaders frequently had to manage poor staff morale, negativity, conflict and poor communication within teams. Through the programme, participants worked on ways they could balance authority, whilst also building and maintaining good relationships with their teams and setting appropriate boundaries.

Care leaders recognised that senior staff needed to lead by example, working on shift alongside other staff and modelling a relational approach to care. They also mentioned the importance of supporting and integrating overseas workers.

On their MHLE programme they developed team building activities and adopted an 'appreciative' approach - valuing what was already working well in the service. Appreciative Inquiry (AI) was one of the most transformative approaches that care leaders learnt about on their PSDP, and was seen as crucial in bringing about change. Many care leaders agreed that their natural instinct was to focus on 'problems', however, through AI, they were able to identify the benefits of valuing one another, as well as giving and receiving encouragement and praise.

Through the Caring Conversations framework (Dewar and Nolan 2013), care leaders also developed a more facilitative style of leadership that improved communication and supported accountability, delegation and more junior staff taking the initiative.

"Before My Home Life I used to do all things. Now I am starting to delegate more of my work to other members of the management team."

Others developed the resilience to respond head-on to issues of staff poor performance, when previously they might have overlooked shortfalls in practice because of anxiety around staffing levels.

"I now have the confidence to tackle difficult conversations with staff."

Overall, care leaders spoke about positively changing their management behaviours to be more effective, and learning new ways of thinking about situations.

By the end of the programme:

- ✓ **99%** reported improvement in understanding of how to improve the culture of care.
- ✓ **98%** reported an increase in the quality of their management and leadership.
- ✓ **96%** reported an increase in their leadership and communication skills.
- ✓ **96%** reported an increase in the quality of engagement with their staff.
- ✓ **89%** reported an increase in confidence in their staff's ability to take initiative
- ✓ **86%** reported an increased ability to make sufficient time to support staff.

Maintaining personal resilience and growing professional confidence

Some participants spoke of "running on empty" - given the huge challenges they faced, as noted throughout this report, plus many other issues including balancing commercial interests while maintaining quality, building maintenance, changes in ownership or even closure. The role was affecting sleep, their levels of self-care and personal relationships. Working long days (60+ hour weeks) and not taking holidays was not unusual. Some were seriously contemplating leaving social care altogether.

> "*Most were exhausted, some quite numb at the beginning of the programme*."
> "*I'm drowning and don't know how to get up again*."
> "*I've started to hate my job*."

The MHLE programme helped care leaders explore the extent to which they could "let go" of some of the pressure that they put upon themselves, and supported them to take steps to improve their own self-care. As a result, care leaders described taking more care of themselves; leaving work on time, sleeping better, and recognising the value of recovery time in order to build resilience.

> "*This programme has really given us permission to look after ourselves and do self-care*."

> "*I have realised that the care home is not my whole life, but I still feel guilty about not working or being readily available*."

The programme also helped participants to feel less alone with their challenges and to develop confidence and belief in themselves as leaders – allowing some to feel more able to apply for promotions, or jobs with other providers. For others, the increased confidence encouraged them to stay in their current post and know that they could fulfil their role successfully.

> "*I used to wonder if I was doing a good job as a manager. Now I feel confident that I am a good manager and look after the needs of my staff and residents as well*."

> "*Before joining the programme, I was really wavering about social care and whether I would leave. Joining the programme showed me that people valued what I had to offer and that I was an OK manager. Without the course I would have left social care*."

> "*I learnt a lot from other colleagues; networking is very important, sharing your feelings, you are not alone*."

By the end of the programme:

- ✓ **91%** said that, over the last 12 months, their confidence as a professional had increased.
- ✓ **85%** reported an increase in job satisfaction.
- ✓ **80%** reported an increased feeling of being valued.
- ✓ **75%** reported an increase in their own quality of life.
- ✓ **74%** reported an increase in enthusiasm for working in care settings.

Ripple effect on teams, families and service-users

Care leaders noticed that their own professional development, increased confidence and enhanced resilience was having a knock-on effect on teams, relatives and service-users. Programme participants were now more likely to be modelling relationship-centred care and make more time with both team members and relatives (some participants previously shared significant challenges in working effectively with relatives).

Team members therefore felt more listened to and more supported. In turn, this created a stronger culture of engagement and trust, which ultimately improved the culture and the outcomes for service users.

By the end of the programme:

- ✓ **91%** reported an increase in the overall feeling of their service being a positive community for people using the service, such as relatives, partners, friends and staff.
- ✓ **87%** reported an increase in the quality of experience for people using the service.
- ✓ **83%** reported an increase in the quality of interaction between staff and the people they support.
- ✓ **82%** reported an improvement in the quality of interaction between staff and relatives, partners and friends.

Relationships with external individuals, agencies and within the wider provider group

Many participants shared difficulties in relation to their relationships with external professionals from health and local authority social care teams. They reported how unrealistic expectations from external professionals were sources of considerable pressure, and they often felt undervalued, underpaid and not understood. A lack of trust and poor processes/ communication around assessment, review, access to services and discharge created significant challenges.

> *"They (external agencies) think we can drop everything for them, like we are waiting for their phone call. They should come and spend a day in a care home, so they understand how many things we are juggling!"*

> *"New residents are being discharged to us from hospital with out-dated notes or very little notes at all. We want to be prepared when we take an admission, making sure we have the right staffing ratio and support, for example, but we are often taken for granted, like 'it's over to you now!'"*

> *"You feel like you have a grip on things and then a new (senior) manager will arrive and change things again. They forget we know our service and our residents better than anyone."*

As a result of participating in the programme, care leaders learned how to work more collaboratively with others. They developed their confidence and assertiveness to

communicate more effectively with owners, providers, CQC, health professionals and other external stakeholders. More information on how MHLE has supported better partnership working between the care sector and the wider system can be found here.

By the end of the programme:

- ✓ **42%** reported a decrease in unplanned hospital admissions.

Driving forward innovation

Care services are under enormous pressure to keep up with new practices, and to consider new ways of operating. They juggle immediate priorities (fire-fighting) whilst also trying to create the time for change and engage with innovation. There are frequent legislation changes and the need to respond to the subsequent guidance. Care leaders were keen to see change, development, progress and innovation in their services, but also recognised that this can lead to care teams feeling overwhelmed, exhausted, undermined and unsettled by constant change.

Through their MHLE programme, care leaders were supported to recognise the potential value that new technology can bring, whilst also recognising it took resources to implement, required training of the care team to develop competency, and care owner 'buy-in'. Participants were always keen to learn from one another. Many implemented new ideas in relation to a range of positive practice themes to support quality of life for those they supported. These included: community engagement, hydration, engaging relatives, person-centred support, activities, end of life, supporting emotional aspects of care and dementia care.

By the end of the programme:

- ✓ **96%** felt that the quality of experience for people using their service was positive.

Recruitment and retention

> *"Recruitment has always been difficult but, since the pandemic, nobody wants to work in a care home."*

Both COVID-19 and Brexit added to the care sector's ongoing challenge regarding recruiting and retaining a quality workforce. It was, and remains, difficult to attract staff to care roles, especially with other employment having better paid and easier conditions. Retention was a particular issue when a policy change meant COVID-19 vaccination became mandatory for work in care homes. Some care providers had to let staff go, even if they were good performers. Some relied heavily on agency staff, which created anxieties around the impact on standards and team cohesion.

Care leaders used their time on the PSDP programme to think about their own strategies and approaches, such as re-configuring roles, new recruitment processes, engagement in

apprenticeships and supporting staff to complete qualifications in after-work workshops. Staff appraisals and reward schemes also featured as examples that encouraged staff retention.

By the end of the programme:

- ✓ **39%** found that staff retention levels had increased (a little or a lot).

The Impact of COVID-19

> *"I don't think people really understood what we went through. What was asked of us and how we were just expected to get on with it."*

Participants used their programme to reflect and process the often-devastating impact of COVID-19 on their care settings; an impact that continues to this day. Many had experienced immense challenges, in addition to their usually stressful responsibilities. Some spoke of how expectations from external agencies appeared to return to pre-pandemic status with little or no acknowledgement of the past two years of challenges, nor the leadership demonstrated. Many talked about the great strengths their teams had demonstrated during the pandemic. There was a sense of pride, teamwork and resilience. More information can be found in a separate MHLE report; 'Rebuilding Together'.

Conclusion

Care leaders work in a mentally, physically, and emotionally demanding role which often leaves them feeling overburdened with a multitude of different responsibilities.

The My Home Life England Professional Support and Development Programme offered an opportunity for care leaders to come together in a safe space, to share expertise and learning, collaborate, support one another, as well as showcase their good practice.

By participating in My Home Life England's programmes, care leaders were able to share their challenges, feel supported, and ultimately, to learn a variety of tools, skills, and strategies. This impact of the programme was not only felt by the care leaders, but also reported to have a wider impact on care teams, the people they cared for, their families, and the overall culture of the care setting itself.

Recommendations

1) Workforce recruitment and morale

The long-term effects of the pandemic are still present for many within the care sector, with a knock-on effect on recruitment and long-term staff morale. This lack of value is reflected in the high turnover of staff in the care sector; according to the recent Skills for Care "State of the Adult Social Care and Workforce report", 390,00 people left their roles last year with around a third leaving social care completely.

a. As acknowledged in the DHSC paper "Next steps to put People at the Heart of Care", the social care workforce needs to be recognised as a professional sector, with continued efforts to profile the sector to regain public trust and to attract future workforce.
b. Initiatives that support and develop care workforce are now emerging but need to be aligned. The workforce strategy needs to be bold, courageous but also realistic and achievable. As the 'Messenger Report' notes: "A well led motivated , collaborative, inclusive and resilient workforce is the key to better care outcomes and investment in people must sit alongside other operational and political priorities".
c. The language adopted within care services particularly in relation to how it describes work-roles needs to be explored, to professionalise, add value and move away from the phrase: "*I am just a carer*".
d. Through leadership development programmes, the sector has the potential to buck the trend; Skills for Care note that employers with a turnover of less than 10% said their success in relation to recruitment and retention was founded on the following four areas: investing in learning and development, embedding the values of the organisation, celebrating the achievements of the organisation, and involving colleagues in decision making.

2) Acknowledgement and utilisation of the skills and professionalism demonstrated within many care services

a) There is even greater need for the wider health and social care system to recognise the expertise of the sector, which was particularly demonstrated during the pandemic, and to engage with such services as equal trusted partners with an important perspective to share on the solutions to the problems within the system.
b) Greater access for care practitioners at all levels to receive regular professional development and independent supervision should be given the highest priority, to help them to feel valued, process the emotional content of their complex work and to support quality. While CQC requires a well led service to create "an inclusive and positive culture of learning and improvement", emotional well-being needs particular emphasis.
c) Vacancies in social care have fallen over the last twelve months because of successful overseas recruitment programmes. Greater attention should be given to helping these key workers be recognised for the skills and strengths that they contribute, which includes the culture that they bring with them.

3) Care service overload and burnout

The report indicates that care leaders and their teams remain very challenged in terms of the complexity of their roles and the lack of support they receive.

Overall, many of the above recommendations rely heavily on the time, resource and resilience of care service managers/ leaders. There is often reliance on single individual managers to cover a huge range of roles, which has an impact on their resilience, on their engagement with external and internal issues and their ability to attend sessions that support their own personal and professional resilience.

"Loneliness of management" was described. While there is no short-term solution to this, the need for resources and capacity to develop stronger dispersed leadership within teams must clearly be a medium term goal across the care sector. Demands/ requests of care services from external agencies need to be reasonable and proportionate, recognising what might be a priority to them may not be a priority for the care service. Insights from NHS England on what was achieved when the different parts of the system worked together during the pandemic, need to be used as the basis for making effective integration a reality.

4) Care service workload

The care provided within social care has changed beyond recognition since the MHLE programme began. This requires new skills and approaches to ensure that managers are enabled to proactively engage with multiple stakeholders, apply ever-more strategic advocacy techniques and deal with pressures around rapid hospital discharge, and new technology enabled approaches to health and care, such as the roll out of virtual wards. This should continue to be at the forefront of development of the social care workforce.

My Home Life England is part of an international initiative that aims to improve the quality of life of people living in care homes and other care settings; to empower and enable a positive working environment for care workers, to provide support for families and visitors, and to foster meaningful relationships between those living in care, families, and those working in care settings. To achieve this, My Home Life England works with a variety of care settings, care at home services, housing support, NHS, statutory bodies, community organisations and others to co-create new ways of working, to better meet the needs of people living in care, relatives, and care teams.

One critical element of this initiative is the My Home Life England Professional Support and Development Programme. To date over 2,400 care leaders across the UK have completed programmes.

Access the full research report here.